Yes U	ions, or listilities of a spouse or your dependent shild because they meet the on Ethics,	EXEMPTION – Have you excluded from this report any other assets, "unearned" income, intresctions, or listilities of a spouse all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
Yes No	rtain other "excepted trusts" need not be disclosed. Have you excluded	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethios and certain other "excepted trusts" from this report details of such a trust that benefits you, your spause, or dependent child?
Yes No	the reporting period? If you answered "yes" to this question, please	IPO → Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you contact the Committee on Ethics for further guidance.
UESTIONS	NFORMATION - ANSWER EACH OF THESE QUESTIONS	IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -
F YOU ANSWER "YES"		B. Did you hold any reportable positions during the reporting period or Yes No X
	i. Did any individual or organization make a donation to charity in tiou of paying you for a speech, appearance, or article during the reporting period?	D. Did you, your spouse, or your dependent child have any reportable Yes No lability (more than \$10,000) at any point during the reporting seriod?
Yes No	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$415 in value from a single source during the reporting period?	C. Did you or your spouse have "earned" income (e.g., sataries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes No peporting period?
₹ 	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$415 in value from a single source during the reporting period?	B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction Yes No No
Yes No	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? gr. b. Receive more than \$200 in unearmed income from any reportable asset during the reporting period?
	8	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS
	Termination Data of Termination:	REPORT 2020 Annual (Due: May 17, 2021) Amendment
Staff Filer Type: (If Applicablo) Shered Principal Assistant	Officer or Employing Office: \$1 Employee Sh	FILER Member of the U.S. State: Wisconsin House of Representatives District:
A \$200 penalty shall be assessed against align No. and vidual who files more than 30 days late.	Daytime Telephone: 202 - 205-152 Individuel who fi	Name: GWEN S Mooke Daytime T
DELIVERED Page 1 of 1/2 LEGISLATIVE SESOURCE CENTER		UNITED STATES HOUSE OF REPRESENTATIVES For U
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Use additional sheets if more space is required.

				of N	Legis lative tensor-	ABC Hadge Fund X	E STANDAR	86, SB Mean Com Secret	For trank and other costs accounts, total the amounts all interest-bearing accounts, if the best is over \$0,000, this every strancial institution where there is more than \$1,000 in brisnest-bearing accounts. For rental and other real preparty held for investment, provide a complete address or description, e.g., "rental property," and a city and state. For an ownership interest is a privately-hald business that is not pushedly traded, state the name of the business, the matter of the activities, and its geographic forces on in Block A. Exchade: Your personal sestionse, thetuding second homes quarte during the spectral period; and any faractic incerts during the spectral period; and any faractic interest in, or income deviced than that is an asset or income acures is that of your spouse (SP) or dependent chair (DC), or planty had well anyone (FF) in the epitient others of the provide A sequiversant in the discussion of Schedule A sequiversants, places o refer to the instituction bookset.	Identity (a) seath seast hold the investment or production of income and with a text restrict value outsiden of income and with a text restrict value outsident of income and of the incoming period. and (b) any other reportation sease of equation of income that generated more than \$200 in 'unsumed' income during the year. Provide complete nations of stocks and mutual funds (do not use only listual symbols). For all Iffida and other entirement plans (such as 401(it) plants) provide the velocita for each state theid in the account that exceeds the specific thresholds.	Assets and/or Income Sources
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Н	Н	Н		H	Н	-	<u> </u>	dash		For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other excess indicate the category of income by cleaning the appropriate box below. Divisionals, increases, and capital galax, evens if reviews that, security the discharged as income for excess light in taxable become. Check "None" if no income was earned or generated. "Column XII is for excess held by your spaces or dependent child rewitich you have to intorest.	
H		Н	┝	┞┦	H		-	\$ (pad)		TEST TIESTER	╗┤
							<u> </u>	3	Lauve title column blank if these are the transpedded \$1,000.	Inclinate if the meanth had purchage (P), sales (S), or excepting \$1,000 in the reporting period, lighter relations as billower; (5 (part)).	BLOCK E Transaction

SCHEDULE C -- EARNED INCOME

ource (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list righer spouse samed income exceeding \$1,000. See examples below. by), federal retirement programs, and benefits received under the Social Security Ant	Name: GWEN S. MODERE Page 3 of 6
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List the source, type, and amount of earned income from any s the source and amount of early honoraria; list only the source to EXCLUDE: Military pay (such as National Guard or Reserve pay).

INCOME LIMITS and PROHIBITED INCOME: The 2020 limit on outside served income for Members and employees compensated at or above the "senior staff" rate was \$28,845. The 2021 limit is \$29,685. In addition, certain types of Income (notably honoraria, director's isses, and payments for professional services involving a fluturery relationship) are totally prohibited. Examples: State of Mandand
Civil Was Boundtabe (Fed. 2).
Chilado County Board of Education Kasos State Wisconsin Source (include date of receipt for honoraria) coistative Team UND 15 000 815 000 86 Amount

Use additional sheets if more space is required.

May 05 21, 03:13p

SCHEDULE D - LIAI

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		(Cornaces	Example				t itembers: nt it out or an o you by a si 0. "Catumn t
		Š	Connacissional Federal Gedit Union	First Bank of Wilenington, DE	Craditor			Members are required to report all li a a Member); loans secured by autor souse or the child, parent, or albling o t is for liabilities held solely by your s
			9/2019	9/20	Date Liability Incurred MOYR	·		abilities secured nobiles, houset if you or your si pouse or deper
		lea lance	Macteracon bosnel	Montpage on Rental Property, Dover, DE	Type of Liability			period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); foams secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liabilities owned to you by a spouse or the child, parent, or abiling of you or your spouse. Report a revolving charge socount (i.e., oredit card) only if the belence at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child.
					\$10,001- \$15,000	>		their pere
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			\boxtimes		\$50,001- \$100,000	6		mal residence. Exclude: Any morgage on your personal residence (unless newhich you own an interest (unless you are personally liable); and liabilities redit card) only if the belence at the close of the reporting period exceeded
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_					Over \$50,000,000	•		nce (un nd ilabii exceed
	Ì				Over \$1,000,000* (Spouse/OC	*		Z 2 2

SCHEDULE E - POSITIONS

			Position	Report ell positions, compensated or uncompensated, held du consultant of any corporation, firm, partnorship, or other busin Positions held in any religious, social, freternal, or political on
			Name of Organization	Report all positions, compensated or uncompensated, held during the current or prior calender year as an officer, director, trustee of an organization, pertner, proprietor, representative, employee, or consultant of any corporation, firm, pertnership, or other business enterprise, nonprofit organization, labor organizations or other institution other than the United States. Exclude: Positions held in any religious, social, freterral, or political criticis as political perties and competen organizations); and positions solely of an honorary return.

Use additionel shoots if more space is required.

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	4/1989	Date	Identify the da continuation a employer.	SCHEDU
•	State of Missonsw Retherment Plan	Parties to Agreement	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employmen continuation or deferral of payments by a former or current employer other than the U.S. government, or continuing perticipation in employer.	SCHEDULE F - AGREEMENTS
	Acoupt of Refleciment Benefits / Heasing as Determined by	Terms of Agreement	ave with respect to: future employment; a leave of absence during the period of government service; vernment, or continuing perticipation in an employee welfare or benefit plan maintained by a former	Name: Gwen S. Moore Page 5 of 6

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$415 received by you, your apouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered incluyist or foreign agent), local mosis, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$168 or less need not be added towards the \$415 disclosure threshold. Note: The gift rule (House Rule 25, cleuse 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

	Source	Description	Value
finantia:	Mr. Joseph Smith, Arington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Emice)	\$500

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: (DUCK) Page_ 0

iderally the source and list travel litherary, dates, and nature of expenses provided for travel-related expenses totaling more than \$415 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and relimbureed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Giffs and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is sotally independent of his or har relationship to the filer.

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